

May 12, 2016

**HIOS Part II Preliminary Justification – Written Explanation of Rate Increase  
Gundersen Health Plan  
Individual Medical Business in Iowa  
January through December 2017**

**1. SCOPE AND RANGE OF RATE INCREASE**

The purpose of this memorandum is to request a rate increase for the Gundersen Health Plan's (Gundersen's) individual medical products in Iowa with effective dates of January 1, 2017 through December 31, 2017.

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scopes beyond those described above and, therefore, should not be used for other purposes.

This letter specifically addresses the rate increase requested for the GundersenOne and GundersenOneHSA products, which impacts about 80 members. The overall requested rate change is a 19.8%. The requested rate changes for the GundersenOne (27651IA005) product and the GundersenOneHSA (27651IA006) product are 18.4% and 20.6%, respectively.

**2. FINANCIAL EXPERIENCE**

Gundersen's 2015 claims far exceeded the revenue it collected. Table 1 includes Gundersen's 2015 financial experience for its individual ACA product.

<b>Table 1 Gundersen Health Plan 2015 ACA-Compliant Experience Period Claims Summary</b>			
	<b>Allowed Claims</b>	<b>Incurred Claims</b>	<b>Earned Premium</b>
Experience Rate	\$948,393	\$832,989	\$387,393

**3. CHANGES IN MEDICAL SERVICE COSTS AND TREND ASSUMPTIONS**

The projection of claims from the experience period to the effective period assumes 7% annual medical and drug trend. The trends were estimated based on historical trends, Milliman research, and actuarial judgment.

**4. CHANGES IN BENEFITS**

There are no significant changes in cost sharing except those needed to comply with the changes in the most recent 2017 Actuarial Value (AV) Calculator. There are no changes to rating factors (e.g., age) in this rate filing other than changes to the base premium rate and rate relativities by plan.

**5. ADMINISTRATIVE COSTS AND ANTICIPATED PROFITS**

Gundersen's combined administrative costs and anticipated margin assumed in the 2017 pricing are higher than the assumption in the 2016 pricing.

## **6. FEDERAL TRANSITIONAL REINSURANCE PROGRAM**

The federal transitional reinsurance program is a temporary program that ends in 2016. Elimination of the reinsurance benefit results in an increase in premium rates for individual market.



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**Part III Actuarial Memorandum**

**Gundersen Health Plan, Inc.  
Iowa Individual Rate Filing  
Effective January 1, 2017**

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## SECTION 1. GENERAL INFORMATION

### Document Overview

This document contains the Part III Actuarial Memorandum for Gundersen Health Plan, Inc.'s (Gundersen's) Iowa individual block of business, effective January 1, 2017. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission, including support for the values entered into the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This Actuarial Memorandum is subject to the terms and conditions of the Consulting Services Agreement between Gundersen and Milliman, Inc. (Milliman). The information in this Actuarial Memorandum has been prepared for the use of Gundersen. We understand the Actuarial Memorandum will be provided to the Iowa Insurance Division (IID), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Gundersen's rate filing. We understand the information provided may be considered public documents and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed to place no reliance upon this Actuarial Memorandum or rate filing prepared for Gundersen by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman to any third party.

The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

### Company Identifying Information

Company Legal Name: Gundersen Health Plan, Inc.  
State: Iowa  
HIOS Issuer ID: 27651  
Market: Individual  
Effective Date: January 1, 2017

### Company Contact Information

Primary Contact Name: Sam Schmirler, ASA, MAAA  
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## SECTION 2. PROPOSED RATE INCREASE(S)

This submission is for rate revisions to Gundersen's existing Iowa individual medical ACA-compliant products. The following products are included in this filing:

- GundersenOne (27651IA005)
- GundersenOneHSA (27651IA006)

The new rates are effective for individuals with an effective date or renewal date of January 1, 2017 through December 31, 2017. The overall requested rate change is 19.8%. The requested rate changes for the GundersenOne (27651IA005) product and the GundersenOneHSA (27651IA006) product are 18.4% and 20.6%, respectively.

The proposed rate change does not vary by region, but does vary by plan. There are a number of plan-specific changes from 2016 to 2017 that cause the rate increase to vary by plan, including changes in plan benefits, pricing model changes in determining pricing values and the plan design behavior factors, changes to the provider reimbursements, and revised retention assumptions. These changes are applied at the benefit plan level resulting in different rate increases by plan.

There are no changes to rating factors (e.g., age, tobacco) in this rate filing other than changes to the base premium rate and rate relativities by plan.

The reasons for the rate change are:

- Emerging claim experience,
- Expected future medical inflation and utilization changes,
- Changes in ACA taxes and fees,
- Changes in expected Federal Transitional Reinsurance Program,
- Change in the mix of business, and
- Changes in administrative fees and requested profit margin.

## SECTION 3. EXPERIENCE PREMIUM AND CLAIMS

The experience reported on Worksheet 1, Section I of the URRT shows Gundersen's earned premium and incurred claims estimated as claims incurred during the period of January 1, 2015 through December 31, 2015, and paid through February 2016 and an estimate of incurred but not paid (IBNP) claims as of February 29, 2016.

### Premiums (Net of MLR Rebate) in Experience Period

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the experience period (calendar year 2015) plus the estimated risk adjustment payable. Gundersen's 2015 individual ACA loss ratio exceeded the MLR requirement. Therefore, an adjustment for MLR rebates was not needed.

<b>Table 1</b> <b>Gundersen Health Plan, Inc.</b> <b>Premium Net of MLR Rebates</b>	
<b>Description</b>	<b>Value</b>
2015 Earned Premium PMPM	\$600.50
Expected Risk Adjustment Receivables (Payables) PMPM	(35.79)
2015 MLR Rebates PMPM	0.00
<b>2015 Earned Premium Net of Risk Adjustment and MLR Rebates PMPM</b>	<b>\$564.71</b>



## Allowed and Incurred Claims Incurred During the Experience Period

The following table summarizes the experience premium and allowed claims as listed in Worksheet 1, Section I of the Part I URRT.

<b>Table 2</b> <b>Gundersen Health Plan, Inc.</b> <b>Experience Period Claims Summary</b>		
<b>Description</b>	<b>Allowed Claims</b>	<b>Incurred Claims</b>
Processed Through Gundersen's Claim System	\$934,227	\$820,546
Incurred but Not Paid	14,166	12,443
<b>Total</b>	<b>\$948,393</b>	<b>\$832,989</b>

Gundersen processes all medical claims internally. Pharmacy claims are processed by a separate external vendor. Both allowed claims and incurred claims were provided directly from Gundersen's claim records.

We completed the claims by using lag development factors for lags across all of Gundersen's commercial business. We applied the IBNP claims as a percent of total claims estimate consistently for both allowed and paid claims.

We developed our best estimates of Gundersen's IBNP claim liabilities by blending two estimation methods: A lag completion method and a projection method. Both methods estimate monthly incurred claims with the IBNP claim liability as the result of subtracting paid claims from estimated incurred claims.

The lag completion method estimates monthly incurred claims based on Gundersen's historical monthly patterns of claim incurral and processing. This method will produce fairly stable results for months where sufficient time has passed since incurral. However, the lag completion method produces less stable results when estimating incurred claims for more recent months and as such, the projection method is relied on more for the most recent incurral months.

The projection method:

- Starts with an incurred claims cost estimated by the lag method for a stable base period,
- Calculates an incurred claim cost level per member per month (PMPM),
- Trends the PMPM level forward to the more recent incurred months, and
- Calculates the incurred claim estimates for a month by multiplying the projected PMPM by the number of members.

The projection method is based on a trend factor selected to reflect anticipated changes in the volume of services, mix of services, and provider reimbursement levels.

Results from both methods were blended to calculate the final incurred claim estimates. The results of these analyses were also reviewed in light of other available information (e.g., claims inventory reports, large claims reports, etc.) and judgment to arrive at the estimates.

## SECTION 4. BENEFIT CATEGORIES

We assigned the experience data utilization and cost information to benefit categories, as shown in Worksheet 1, Section II of the Part 1 URRT, based on place and type of service using a detailed claims mapping algorithm summarized as follows:

### **Inpatient Hospital**

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

### **Outpatient Hospital**

Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.

### **Professional**

Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.

### **Other Medical**

Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

### **Capitation**

Not applicable.

### **Prescription Drug**

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

## **SECTION 5. PROJECTION FACTORS**

Due to Gundersen's limited 2015 individual market experience in Iowa, we developed the 2017 projection using a credibility manual rate. The Credibility Manual Rate Development section of this memorandum describes the manual rate development.

## **SECTION 6. CREDIBILITY MANUAL RATE DEVELOPMENT**

Gundersen's 2017 individual rates are based 100% on manual rates due to Gundersen's limited enrollment in the 2015 individual market in Iowa.

### **Source and Appropriateness of Experience Data Used**

*Source:* The credibility manual rate is based on Gundersen's aggregate individual experience which includes Wisconsin, Iowa, and Minnesota.

*Appropriateness:* Gundersen's individual experience across all three states reflects the same underlying utilization patterns in Gundersen's service area that are expected in Gundersen's individual product in Iowa. We adjusted the combined Gundersen individual experience as needed to be consistent with our projection of the 2017 Iowa individual market (as noted in this memorandum). Gundersen's membership in Iowa and Minnesota is small, especially relative to its Wisconsin membership. Since Gundersen's service areas in Iowa and Minnesota are the areas immediately bordering Wisconsin, we don't expect a large volume of membership from Iowa or Minnesota, nor do we expect the risk profile of members to significantly differ between the Iowa / Minnesota border area and Wisconsin (despite state differences).



## Adjustments Made to Gundersen Data

### Trend

The development of Gundersen's 2017 rates reflects an annual trend rate of 7.0%, which is based on national and Midwest industry experience and actuarial judgment. We believe the 7.0% trend rate is reasonable based on our comparison to other trend research as noted below.

- The projected secular trend from Milliman's *Commercial Health Cost Guidelines (HCGs)* is similar to our trend assumption.
- We also referenced the S&P trend indices. The indices measure the changes in healthcare expenditures and utilization for individuals enrolled in commercial health insurance plans in the U.S. The expenditures and utilization measures cover inpatient and outpatient care, as well as generic and branded prescription pharmaceuticals. Several large data providers give S&P DJI the data on which the index calculations are based. These providers cover approximately 40% of the total commercially insured Fee-for-Service ("FFS") healthcare market in the U.S. The Midwest trend is very similar to our 7.0% assumption while the national trend is higher.

### Changes in the Morbidity of the Population Insured

Not applicable. We believe the underlying manual rate experience data is representative of the morbidity of the Iowa individual market. Further, we project no change in morbidity between the 2015 experience 2017.

### Benefits

We adjusted the projection to reflect differences in the plan mix underlying the manual rate experience compared to the projected plan mix for Gundersen's 2017 Iowa individual market. We used Milliman's *Health Cost Guidelines (HCGs)*, in conjunction with the historical experience of Gundersen's individual block of business to reflect plan mix differences.

### Demographics

We reflected the difference between the demographics underlying the 2015 individual experience across Wisconsin, Iowa, and Minnesota and the projected 2017 Iowa individual product demographics.

### Changes in Provider Reimbursement

We reflected the difference between the provider reimbursement underlying the 2015 individual experience across Wisconsin, Iowa, and Minnesota and the projected 2017 Iowa individual product demographics.

### Inclusion of Capitation Payments

Not applicable.



## SECTION 7. CREDIBILITY OF EXPERIENCE

### Description of the Credibility Method Used

We assigned credibility to Gundersen's 2015 Individual experience based on an assumed full credibility threshold of 65,000 member months. The credibility threshold is based on Milliman research on variability of claims in the commercial market.

### Resulting Credibility Level Assigned to the Base Period Experience

The credibility assigned to the base period experience is 0%.

The following table summarizes the adjusted credibility of the base period experience. Since the resulting adjusted credibility was less than 10%, we assigned 0% credibility. (This approach is similar to the Medicare Advantage credibility safe harbor threshold approach.)

<b>Table 3</b> <b>Gundersen Health Plan, Inc.</b> <b>Credibility of Base Experience</b>		
<b>Description</b>	<b>Value</b>	<b>Annotation</b>
Member Months – Base Experience	686	(a)
Full Credibility Threshold – Member Months	65,000	(b)
% Base Experience in the Manual Rate	1%	(c)
Credibility of Base Experience (no adjustment)	10%	(d) = $\text{Min}\{\sqrt{(a)/(b)}, 1\}$
Adjusted Credibility of Base Experience	9%	(e) = $[(d)-(c)] / [1-(c)]$
<b>Credibility Used in Claims Projection</b>	<b>0%</b>	(f) = $\text{If}\{(e)<10\%, 0, (e)\}$

## SECTION 8. PAID TO ALLOWED RATIO

The following table provides support for the average projected paid to allowed ratio. The average projected allowed and incurred PMPM reflects the member month weighted average from Worksheet 2, Section IV of the URRT. The average projected paid-to-allowed ratio is consistent with Worksheet 1, Section III of the URRT.

<b>Table 4</b> <b>Gundersen Health Plan, Inc.</b> <b>Average Paid to Allowed Factor Support</b>	
<b>Description</b>	<b>Value</b>
Average projected allowed PMPM	\$786.51
Average projected incurred claims PMPM	\$539.55
<b>Average projected paid-to-allowed ratio</b>	<b>68.6%</b>

The projected paid and allowed claims reflect the member month weighted average by metal level from Worksheet 2, Section IV of the URRT. The total paid-to-allowed ratio is consistent with Worksheet 1, Section III of the URRT.

## **SECTION 9. RISK ADJUSTMENT AND REINSURANCE**

### **Experience Period Risk Adjustments PMPM**

Gundersen performed a 2015 risk adjustment study to develop their Iowa Individual risk adjustment estimate. We reviewed their analysis for reasonableness and in light of 2014 actual results and expected changes from 2014 results. Gundersen's estimated 2015 risk adjustment payable is \$35.87 PMPM (including the \$0.08 risk adjustment user fee).

### **Projected Risk Adjustments PMPM**

We assume Gundersen's 2017 Iowa individual risk adjustment payable PMPM will be similar to Gundersen's 2015 Iowa individual risk adjustment estimate. The anticipated risk transfer payment including the risk adjustment fees assumed to be \$0.13 for CY2017 is \$35.13 PMPM. This is applied to the Index Rate as a market level adjustment.

### **Experience Period ACA Reinsurance Recoveries Net of Reinsurance Premium**

Estimates for Federal reinsurance received in the experience period were calculated from Gundersen's actual 2015 experience and applying the 2015 Federal reinsurance parameters. The composite amount of \$232.51 PMPM is net of the \$3.67 PMPM administrative fee.

### **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium**

The federal transitional reinsurance program is a temporary program that ends in 2016. As a result, we did not project any federal transitional reinsurance contributions or recoveries for 2017.

## SECTION 10. NON-BENEFIT EXPENSES AND PROFIT AND RISK

The following table summarizes retention components included in rate development.

<b>Table 5</b> <b>Gundersen Health Plan, Inc.</b> <b>Illustration of Administrative Expenses by URRT, Worksheet 1 Category</b>				
Retention Description	PMPM	% Premium	Basis	Annotation
<b><u>Administrative Expense Load</u></b>				
General Administrative Expense			% of Premium	(1)
Commission			% of Premium	(2)
Commercial Reinsurance Recoveries			PMPM	(3)
Commercial Reinsurance Premiums			PMPM	(4)
Quality Improvement			% of Premium	(5)
Information Technology			% of Premium	(6)
Other Administrative Expenses			PMPM	(7)
<b>Subtotal: Administrative Expense Load</b>	<b>\$82.50</b>	<b>11.78%</b>		<b>(8) = (1) + (2) + (3) + (4) + (5) + (6) + (7)</b>
<b><u>Profit and Risk Load</u></b>				
Target Post-Tax Gain / Loss	\$15.27	2.18%	% of Premium	(9)
<b>Subtotal: Profit and Risk Load</b>	<b>\$15.27</b>	<b>2.18%</b>		<b>(10) = (9)</b>
<b><u>Taxes and Fees</u></b>				
Premium Tax			% of Premium	(11)
PCORI			PMPM	(12)
Exchange Fee			% of Premium	(13)
<b>Subtotal: Taxes and Fees</b>	<b>\$27.87</b>	<b>3.98%</b>		<b>(14) = (11) + (12) + (13)</b>
<b>Total Retention</b>	<b>\$125.64</b>	<b>17.94%</b>		<b>(15) = (8) + (10) + (14)</b>

Administrative expenses were developed based on Gundersen's estimate of 2017 projected expenses.

Profit and Risk Load target values were determined as an aggregate value for the single-risk pool based on company targets, anticipated uncertainty of the 2017 market, and consideration for federal MLR requirements. We applied pre-tax profit margins of [REDACTED] for all plans, varying in order to maintain consistent rate changes whenever possible while preserving the premium relationship between plans.

## SECTION 11. PROJECTED LOSS RATIO

The projected loss ratio is [REDACTED]. This loss ratio is calculated consistently with the MLR methodology, according to the National Association of Insurance Commissioners, as prescribed by 45 CFR 158.221. The following table demonstrates Gundersen's premium development and MLR calculation using rounded values.



The following table summarizes the calculation for the projected federal medical loss ratio.

<b>Table 6</b> <b>Gundersen Health Plan, Inc.</b> <b>Projected 2017 Federal Medical Loss Ratio</b>	
Member Months	1,020
<b>MLR Numerator Calculations</b>	
Paid Claims PMPM	\$539.55
Claim-Related Retention (QI / Health IT) PMPM	
Prior Rebate	0.00
Change in Reserve	0.00
Risk Adjustment Paid (Received) PMPM	35.00
Transitional Reinsurance Recoveries (Received) PMPM	0.00
Risk Corridors Paid (Received)	0.00
<b>MLR Numerator</b>	
<b>MLR Denominator Calculations</b>	
Premium PMPM	\$700.31
Premium-Related Retention (Taxes and Fees) PMPM	
<b>MLR Denominator</b>	
<b>Medical Loss Ratio</b>	

## SECTION 12. SINGLE RISK POOL

The single risk pool was developed in accordance with the requirements in 45 CFR 156.80(d). Gundersen does not have any individual transitional plans or individual grandfathered plans.

## SECTION 13. INDEX RATE

The index rate for the experience period is a measurement of the average allowed claims PMPM for EHB benefits. There were additional benefits offered beyond the EHB benefits. The experience Index Rate has not been adjusted for payments and charges under the risk adjustment and reinsurance programs or for Marketplace user fees.

Section 3 (Experience Period Premium and Claim) describes the development of the experience index rate. The experience period index rate covers a 12-month period for individuals effective January 1, 2015 through December 31, 2015. The experience period Index Rate is less than the experience period total allowed claims PMPM, since there are benefits offered beyond the EHB benefits. Specifically, Gundersen offers adult vision non-EHB benefits which we estimate account for 0.16% of claim costs.

The index rate for the projection period is a measurement of average allowed claims PMPM for EHBs. Section 6 (Credibility Manual Rate Development) of this memorandum describes the development of the projected index rate. The projected index rate reflects the projected 2017 mixture of catastrophic / non-catastrophic enrollment and the projected mixture of risk morbidity that Gundersen expects to receive in single risk pool. Gundersen will offer additional benefits beyond the EHB benefits in 2017. Specifically, Gundersen will offer adult vision non-EHB benefits. We estimate these benefits to account for 0.27% of claim costs.

The projected Index Rate equals the projected total allowed claims PMPM, minus the total non-EHB allowed claims PMPM. The projected Index Rate has not been adjusted for payments and charges projected under the risk adjustment program or for Marketplace user fees.

#### SECTION 14. MARKET ADJUSTED INDEX RATES

The following table summarizes the factors applied to the Index Rate in the projection period to determine the Market Adjusted Index Rate.

<b>Table 7</b> <b>Gundersen Health Plan, Inc.</b> <b>Market Adjusted Index Rate Development</b>	
2017 Index Rate PMPM	\$784.39
<b>Market Adjustments (paid basis)</b>	
Net Risk Adjustment	\$35.13
Net Federal Transitional Reinsurance	0.00
Marketplace User Fees	
Paid-to-Allowed Ratio	0.686
<b>Market Adjustments (allowed basis)</b>	
Net Risk Adjustment	
Net Federal Transitional Reinsurance	
Marketplace User Fees	
<b>Market Adjusted Index Rate PMPM</b>	

The Market Adjusted Index Rate is not calibrated. This means this rate reflects the average demographic characteristics of the single risk pool.

The above modifiers were developed as follows:

- Net Risk Adjustment

This factor includes the impact of the estimated risk adjustment transfer payment as addressed in Section 9 plus the Risk Adjustment User Fee of \$0.13.

- Net Transitional Reinsurance

This factor is \$0 since the Transitional Reinsurance program has ended for 2017.

- Marketplace User Fee adjustment

The Marketplace User Fee adjustment was determined as the average of the Marketplace user fee and no fee, weighted using the expected distribution of issuer enrollment sold through versus outside the Marketplace.



## SECTION 15. PLAN ADJUSTED INDEX RATES

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rates using the following allowable adjustments:

- Actuarial value and cost sharing adjustment
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
  - The AV and cost sharing pricing adjustment was developed utilizing the HCGs. Relativities between plans were based on the differences in cost and utilization for varying levels of cost sharing.
- Gundersen does not charge a tobacco surcharge for smokers so no adjustment is necessary
- Provider network, delivery system, and utilization management adjustment
  - Expected differences in claims costs due to differences in provider networks and / or utilization management was determined based on Gundersen's contractually negotiated reimbursement arrangements.
- Adjustment for benefits in addition to the EHBs
  - We made an adjustment for non-EHBs since Gundersen's plans include adult vision.
- Adjustment for distribution and administrative costs
  - Adjustment is developed to indicate the impact of non-benefit expenses. This adjustment may differ by plan due to the relative impact of administrative costs that are developed as a PMPM rather than as a percent of premium and due to varying profit margins by plan.
- Adjustment for Catastrophic risk pool
  - The catastrophic adjustment factor reflects the projected average demographics of individuals enrolled in a catastrophic plan relative to the other metal tiers. That is, the catastrophic plans are likely to attract a young, healthy population seeking minimal coverage yet still meeting the individual mandate.

Appendix A demonstrates the Plan Adjusted Index Rate development for each plan in the projection period.

The Plan Adjusted Index Rates reflect the average demographic characteristics of the single risk pool and, therefore, are not calibrated.

## SECTION 16. CALIBRATION

A single calibration factor is applied to the Plan Adjusted Index Rates from Section 15 to calibrate rates for the expected age and geographic distribution expected to enroll in the plan. The single calibration factor is applied uniformly across all plans.

### Age Curve Calibration

The approximate weighted average age, rounded to a whole number, for the single risk pool is ■. The weighted average age curve calibration factor is ■.

To determine the calibration factor for age, the projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography, and tobacco, the plan adjusted index rates need to be divided by the age curve calibration factor. A development of the age curve calibration factor is given below as Table 8.

Table 8 Gundersen Health Plan, Inc. Development of Age Calibration Factor		
Age Band	Rating Factors	Membership Distribution
0-20 (1-3)		
0-20 (4+)		
21-24		
25-29		
30-34		
35-39		
40-44		
45-49		
50-54		
55-59		
60-63		
64+		
Composite Rating Factor:		
Age Calibration Factor:		

Appendix B demonstrates the calibration performed for each plan.

### Geographic Factor Calibration

Gundersen does not apply area factors. As a result, the geographic calibration factor is 1.00. Appendix B demonstrates the calibration performed for each plan.

## SECTION 17. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

The Consumer Adjusted Premium Rate is the final premium rate for a plan that is charged to an individual, family, or small employer group utilizing the rating and premium adjustments as articulated in the applicable Market Reform Rating Rules. It is the product of the Plan Adjusted Index Rate, the geographic rating factor, the age rating factor, and the tobacco status rating factor. All rating factors are described and shown below.

Gundersen uses the Federal age rating factors. Gundersen does not apply tobacco rating factors.

Gundersen does not use geographic rating factors.

The premium for family coverage is determined by summing the consumer adjusted premium rates for each family member, provided only the three oldest child dependents under age 21 are taken into account.



The following table demonstrates the premium rate development for the Consumer Adjusted Premium Rate beginning with the Calibrated Plan Adjusted Index Rate and applying the appropriate age, area, and tobacco factors.

<b>Table 9</b> <b>Gundersen Health Plan, Inc.</b> <b>Sample Consumer Adjusted Premium Rate Development</b>	
Plan: Silver \$4000 – 10% (27651IA0050005)	
Calibrated Plan Adjusted Index Rate	\$416.38
Age: 40	1.278
Consumer Adjusted Premium Rate	\$532.13

## SECTION 18. AV METAL VALUES

The AV metal values included in Worksheet 2 are entirely based on the AV Calculator. Attachment A includes the screenshots of the AVC inputs for all 2017 plan offerings.

## SECTION 19. AV PRICING VALUES

Appendix C summarizes all of the adjustments included in the AV Pricing Value.

The AV Pricing Value represents the cumulative effect of the adjustments made by Gundersen to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the contractual adjustments from the HCGs. These adjustment factors only contain expected differences in utilization due to differences in cost sharing and not due to health status.

## SECTION 20. MEMBERSHIP PROJECTIONS

Gundersen projected membership (as displayed in Worksheet 2, Section IV of the URRT) by considering the size of the projected Iowa individual market in 2017 in its service area and an assumed penetration rate of this market. Gundersen used its early 2016 enrollment to project the enrollment distribution by plan to inform the development of this assumption.

We projected cost sharing reduction (CSR) eligibles consistent with 2016 enrollment.

<b>Table 10</b> <b>Gundersen Health Plan, Inc.</b> <b>Projected Enrollment by Subsidy Level</b> <b>(Silver Plans)</b>	
<b>Silver Plan</b>	<b>Distribution</b>
Silver 94%	
Silver 87%	
Silver 73%	
Silver 70%	

## SECTION 21. TERMINATED PRODUCTS

Gundersen did not terminate any of its individual products offered in 2015 or 2016.

## SECTION 22. PLAN TYPE

There are no differences between the plans of Gundersen and the plan type selected in the drop-down box in Worksheet 2, Section I of the URRT.

## SECTION 23. WARNING ALERTS

The URRT shows the following warnings:

- There is a warning in Worksheet 2, cell A57, because the Section III average Plan Adjusted Index Rate does not match the experience premium PMPM from Worksheet 1. This variance is due to the fact that the experience Plan Adjusted Index Rate reported in Worksheet 2, row 55 for single risk pool compliant plans is based on the Index Rate filed in 2015, the market adjustments filed in 2015, and the allowable plan adjustments in 2015, consistent with HHS's instructions. However, the premium reported in Worksheet 1 is based on actual experience.
- Warning alerts appear in Worksheet 2, Section III of the URRT for rows 68 and 73. The warning alert appears in each of these items related to the same issue, which is the definition of this item in Worksheet 1 compared to Worksheet 2, as follows:
  - Worksheet 1 defines incurred claims as allowed claims less member cost-sharing and cost-sharing paid by HHS on behalf of low-income members.
  - Worksheet 2 calculates incurred claims as the "Total Allowed" less "Allowed Claims Which are not the Issuer's Obligation". "Allowed Claims Which are not the Issuer's Obligation" include reinsurance receipts and risk adjuster receipt / transfer, which are not part of the definition in Worksheet 1.

## SECTION 24. EFFECTIVE RATE REVIEW INFORMATION (OPTIONAL)

Not applicable.

## SECTION 25. RELIANCE

In performing this analysis, we relied on data and other information provided by Gundersen. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

## SECTION 26. ACTUARIAL CERTIFICATION

I am a Principal and Consulting Actuary with the firm of Milliman, Inc. Gundersen Health Plan, Inc. engaged me to provide the opinion herein.



Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected index rate is
  - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
  - Developed in compliance with the applicable Actuarial Standards of Practice.
  - Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - Neither excessive nor deficient based on my best estimates of the 2017 Individual market.
2. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV was calculated in accordance with actuarial standards of practice.
4. The geographic rating factors used reflect only differences in the cost of delivery and do not include differences for population morbidity by geographic area.
5. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the URRT for all plans.

The URRT does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans, and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this Actuarial Memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Respectfully Submitted,



Kimberley K. Hiemenz, FSA, MAAA  
Principal and Consulting Actuary, Milliman  
May 10, 2016



## APPENDICES

Appendix A Gundersen Health Plan, Inc. Development of Plan Adjusted Index Rate											
Plan Name	HIOS Plan ID	Plan Membership	Market		AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Catastrophic		Administrative	
			Adjusted Index Rate	Index Rate				Adjustment	Exchange Fee	Costs Excl.	Plan Adjusted Index Rate
Platinum \$1000 - 0%	27651IA0050001	2.4%									
Platinum \$500 - 20%	27651IA0050002	3.5%									
Gold \$1750 - 30%	27651IA0050003	2.4%									
Gold \$3500 - 0%	27651IA0050004	2.4%									
Silver \$4000 - 10%	27651IA0050005	8.2%									
Silver \$2500 - 50%	27651IA0050006	4.7%									
Silver \$2500 - 20%	27651IA0050007	1.2%									
Bronze \$3750 - 50%	27651IA0050008	5.9%									
Bronze \$5000 - 10%	27651IA0050009	2.4%									
Bronze \$6500 - 10%	27651IA0050010	1.2%									
Catastrophic \$7150 - 0%	27651IA0050014	1.2%									
Silver HSA \$4400 - 0%	27651IA0060001	15.3%									
Silver HSA \$2000 - 50%	27651IA0060002	22.4%									
Bronze HSA \$4400 - 50%	27651IA0060003	2.4%									
Bronze HSA \$6550 - 0%	27651IA0060004	8.2%									
Bronze HSA \$5750 - 20%	27651IA0060005	16.5%									
Total		100.0%									

**Appendix B**  
**Gundersen Health Plan, Inc.**  
**Plan Adjusted Index Rate Calibration**

Plan Name	HIOS Plan ID	Plan Membership	Plan Adjusted Index Rate	Age Calibration Factor	Geography Calibration Factor	Calibration Factor	Calibrated Plan Adjusted Index Rate
Platinum \$1000 - 0%	27651IA0050001	2.4%					\$526.50
Platinum \$500 - 20%	27651IA0050002	3.5%					\$531.35
Gold \$1750 - 30%	27651IA0050003	2.4%					\$470.18
Gold \$3500 - 0%	27651IA0050004	2.4%					\$445.85
Silver \$4000 - 10%	27651IA0050005	8.2%					\$416.38
Silver \$2500 - 50%	27651IA0050006	4.7%					\$409.80
Silver \$2500 - 20%	27651IA0050007	1.2%					\$428.95
Bronze \$3750 - 50%	27651IA0050008	5.9%					\$343.24
Bronze \$5000 - 10%	27651IA0050009	2.4%					\$350.99
Bronze \$6500 - 10%	27651IA0050010	1.2%					\$339.26
Catastrophic \$7150 - 0%	27651IA0050014	1.2%					\$298.99
Silver HSA \$4400 - 0%	27651IA0060001	15.3%					\$383.04
Silver HSA \$2000 - 50%	27651IA0060002	22.4%					\$400.05
Bronze HSA \$4400 - 50%	27651IA0060003	2.4%					\$334.01
Bronze HSA \$6550 - 0%	27651IA0060004	8.2%					\$315.18
Bronze HSA \$5750 - 20%	27651IA0060005	16.5%					\$318.20
<b>Total</b>		<b>100.0%</b>					<b>\$381.51</b>

Appendix C  
Gundersen Health Plan, Inc.  
Development of AV Pricing Value

Plan Name	Plan ID	AV & Cost Sharing	Provider Network Adjustment	Benefits In Addition to EHBs	Administrative Costs Excl. Exchange Fee	Specific Catastrophic Eligibility	AV Pricing Value <sup>1</sup>
Platinum \$1000 - 0%	27651IA0050001						1.116
Platinum \$500 - 20%	27651IA0050002						1.127
Gold \$1750 - 30%	27651IA0050003						0.997
Gold \$3500 - 0%	27651IA0050004						0.945
Silver \$4000 - 10%	27651IA0050005						0.883
Silver \$2500 - 50%	27651IA0050006						0.869
Silver \$2500 - 20%	27651IA0050007						0.909
Bronze \$3750 - 50%	27651IA0050008						0.728
Bronze \$5000 - 10%	27651IA0050009						0.744
Bronze \$6500 - 10%	27651IA0050010						0.719
Catastrophic \$7150 - 0%	27651IA0050014						0.634
Silver HSA \$4400 - 0%	27651IA0060001						0.812
Silver HSA \$2000 - 50%	27651IA0060002						0.848
Bronze HSA \$4400 - 50%	27651IA0060003						0.708
Bronze HSA \$6550 - 0%	27651IA0060004						0.668
Bronze HSA \$5750 - 20%	27651IA0060005						0.675

<sup>1</sup>Reflects actual AV pricing value. This may be slightly different than the product of the columns due to rounding used in the chart.

## RELIANCE LETTER



# GUNDERSEN

## HEALTH PLAN

May 10, 2016

Mrs. Kimberley K. Hiemenz, FSA, MAAA  
Principal and Consulting Actuary  
Milliman, Inc.  
15800 Bluemound Road - Suite 100  
Brookfield, WI 53005-6069

**Re: Gundersen Health Plan's 2017 Individual and Small Group Pricing**

Dear Kim:

I, Sam Schmirler, ASA, MAAA, Director of Managed Care Business Development at Gundersen Health Plan (Gundersen), hereby affirm the data sources, assumptions, and information identified below and provided to Milliman, Inc. were prepared under my direction, and these items relied upon are to the best of my knowledge accurate and complete. Finally, I affirm all information that affects the 2017 individual and small group premium rate development has been given to you, and I have disclosed all items of which I am aware that would have a material impact on the rate projections.

The information provided includes:

1. Benefit plans Gundersen intends to offer in 2017,
2. Product name, product id, and plan name as entered in the Health Insurance Oversight System (HIOS) for each benefit plan,
3. Product IDs and plan IDs are compliant with Federal regulations,
4. Projected administrative expenses and target profit,
5. Projected 2017 enrollment by plan, area, and demographics,
6. Historical claim, premium and membership experience for Gundersen's individual and small group products,
7. The rating regions in which Gundersen intends to offer individual and small group products in 2017,
8. Information regarding risk adjustment and reinsurance,
9. Guidance on appropriate medical trend factors for Gundersen,
10. Expected provider reimbursement rates,
11. Assurance Gundersen has accurately entered plan designs into the PBT and other Federal forms and found no meaningful discrepancies in the Actuarial Value calculations, and
12. Other information provided by Gundersen in various meetings, phone calls, emails, and other correspondence.

May 10, 2016

\_\_\_\_\_  
Date



Mr. Sam Schmirler, ASA, MAAA  
Director of Managed Care Business Development  
Gundersen Health Plan

## ATTACHMENT

# User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Platinum

HSA/HRA Options		Narrow
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network
Annual Contribution Amount:	\$0.00	1st Tier
		2nd Tier

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (% , Insurer's Cost Share)	100.00%	50.00%
OOP Maximum (\$)	\$1,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design	
	Medical
Deductible (\$)	
Coinurance (% , Insurer's Cost Share)	
OOP Maximum (\$)	
OOP Maximum if Separate (\$)	

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Type of Benefit	Tier 1				Subject to Deductible? Co
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Platinum \$1000 - 0%  
Plan HIOS ID: 27651IA0050001  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.42%

Platinum

2017 AV Calculator



# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?

Desired Metal Tier

Platinum

HSA/HRA Options		Narrow
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network
Annual Contribution Amount:	\$0.00	1st Tier
		2nd Tier

Deductible (\$) \$500.00  
Coinsurance (% , Insurer's Cost Share) 80.00%  
OOP Maximum (\$) \$1,000.00  
OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$500.00	\$0.00	
80.00%	50.00%	
\$1,000.00		

Tier 2	
Medical	

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Type of Benefit	Tier 1				Subject to Deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Platinum \$500 - 20%  
Plan HIOS ID: 276511A0050002  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

91.66%

Platinum

2017 AV Calculator

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,750.00	\$0.00
Coinurance (%; Insurer's Cost Share)	70.00%	50.00%
OOP Maximum (\$)	\$3,250.00	
OOP Maximum if Separate (\$)		

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Tier 1				
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Gold \$1750 - 30%  
Plan HIOS ID: 27651IA0050003  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.46%

Gold



# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)	\$3,500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	50.00%
OOP Maximum (\$)	\$3,500.00	
OOP Maximum if Separate (\$)		

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Tier 1				
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Gold \$3500 - 0%  
Plan HIOS ID: 27651IA0050004  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.30%

Gold



# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)	\$4,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	50.00%
OOP Maximum (\$)	\$6,000.00	
OOP Maximum if Separate (\$)		

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Tier 1				
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Silver \$4000 - 10%  
Plan HIOS ID: 27651IA0050005  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

69.50%

Silver

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	50.00%	50.00%
OOP Maximum (\$)	\$6,000.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Su Dec
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Silver \$2500 - 50%  
Plan HIOS ID: 27651IA0050006  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.86%

Silver



# User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☒

Apply Skilled Nursing Facility Copay per Day? ☒

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00

Deductible (\$)   
Coinsurance (% , Insurer's Cost Share)   
OOP Maximum (\$)   
OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$2,500.00	\$0.00	
80.00%	50.00%	
\$5,000.00		

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Type of Benefit	Tier 1				St De
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	
All Inpatient Hospital Services (inc. MSHA)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Silver \$2500 - 20%  
Plan HIOS ID: 27651IA0050007  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.24%

Silver



# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/> Bler
Annual Contribution Amount:	\$0.00

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,750.00	\$0.00
Coinurance (% Insurer's Cost Share)	50.00%	50.00%
OOP Maximum (\$)	\$7,150.00	
OOP Maximum if Separate (\$)		

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Tier 1				
Type of Benefit	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinurance Payments?	<input type="checkbox"/>
Specialty Rx Coinurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Bronze \$3750 - 50%  
Plan HIOS ID: 27651IA0050008  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.23%

Bronze

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options		Narrow
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network
Annual Contribution Amount:	\$0.00	1st Tie
		2nd Tie

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$0.00
Coinurance (% , Insurer's Cost Share)	90.00%	50.00%
OOP Maximum (\$)	\$7,150.00	
OOP Maximum if Separate (\$)		

Tier 2 P	
Medical	

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Type of Benefit	Tier 1				Subject to Deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Bronze \$5000 - 10%  
Plan HIOS ID: 27651IA0050009  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

60.06%

Bronze



# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	90.00%	50.00%
OOP Maximum (\$)	\$7,150.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Sub Deductible
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Bronze \$6500 - 10%  
Plan HIOS ID: 27651IA0050010  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

58.14%

Bronze



# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒  
 Apply Inpatient Copay per Day? ☐  
 Apply Skilled Nursing Facility Copay per Day? ☐  
 Use Separate OOP Maximum for Medical and Drug Spending? ☐  
 Indicate if Plan Meets CSR Standard? ☐  
 Desired Metal Tier: Silver

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,400.00
Coinsurance (% Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$4,400.00
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Su Dec
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Silver HSA \$4400 - 0%  
 Plan HIOS ID: 27651IA0060001  
 Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

68.07%

Silver

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
☐ Desired Metal Tier

Silver

HSA/HRA Options		Narrow
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network
Annual Contribution Amount:		1st Tier
		2nd Tier

Deductible (\$)  
Coinsurance (% , Insurer's Cost Share)  
OOP Maximum (\$)  
OOP Maximum if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		50.00%
		\$4,000.00

Tier 2 Plan Benefit Design	
Medical	Drug

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Type of Benefit	Tier 1				Subject to Deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55%		<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Silver HSA \$2000 - 50%  
Plan HIOS ID: 27651A0060002  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

71.16%

Silver

2017 AV Calculator



# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Bronze

HSA/HRA Options		Narrow
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network
Annual Contribution Amount:		1st Tier
		2nd Tier

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,400.00
		50.00%
		\$6,550.00

Tier 2 Plan Benefit Design	
Medical	Drug

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Type of Benefit	Tier 1				Subject to Deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Bronze HSA \$4400 - 50%  
 Plan HIOS ID: 27651IA0060003  
 Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.98%

Bronze



# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate OOP Maximum for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier Bronze

HSA/HRA Options		Narrow
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network
Annual Contribution Amount:		1st Tier
		2nd Tier

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,550.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,550.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design	
Medical	Drug

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Type of Benefit	Tier 1				Subject to Deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Bronze HSA \$6550 - 0%  
 Plan HIOS ID: 27651A0060004  
 Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.23%

Bronze

# User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR Standard? ☐
- Desired Metal Tier **Bronze**

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,750.00
		80.00%
		\$6,550.00

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Type of Benefit	Tier 1				Su Dec
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: Bronze HSA \$5750 - 2  
Plan HIOS ID: 27651IA0060005  
Issuer HIOS ID: 27651

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.56%

Bronze



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.



Company Legal Name: Gundersen Health Plan, Inc.  
 HIOS Issuer ID: 27651  
 Effective Date of Rate Change(s): 1/1/2017

State: Individual  
Market:

1997

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)[illegible]

### Section III: Experience Period Information

tion IV: Projected (12 months following effective date)[illegible]